

SAMPLE FORM E

**ORDER ON APPLICATION FOR WAIVER OF COURT
FEES AND COSTS**

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS - INSTRUCTIONS

This form is the order from the court either granting or denying your request to waive fees. The court fills out most of this form. The only parts you will fill out are the caption and entries 1-3. **[Note: The Court of Appeal can only waive the Court of Appeal filing fee of \$655.00.]** Submit this form to the court along with your Application for Waiver of Court Fees and Costs.

The form is also available online in Adobe Acrobat PDF format and may be filled out electronically for free at <http://www.courtinfo.ca.gov/cgi-bin/forms.cgi>. Select "General Legal" forms, then click on Form 982(a)(18).

Filling out the Order on Application for Waiver of Court Fees and Costs form:

Caption

- (1) In the "Attorney or Party Without Attorney" area at the top of the form, fill out your name, mailing address, and telephone number where you can be reached during the day.
- (2) In the next box down, specify the Superior Court, address, and branch name of the court that made the order or judgment you are appealing.
- (3) In the next box down marked "PLAINTIFF/PETITIONER" and "DEFENDANT/RESPONDENT" fill out the plaintiff's name and defendant's name as they appear in the Superior Court case caption.
- (4) In the "CASE NUMBER:" box immediately to the right of the preprinted caption "ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS", write the Superior Court case number for your case, and the Court of Appeal number if you have one.

Entries 1-3

Entry 1. Indicate the date that your Application for Waiver of Court Fees and Costs was filed with the court. Check the box if there was a previous fee waiver order, and indicate the date it was issued.

Entry 2. Print your name.

Entry 3. Check the box next to entry 3 and the box indicating the application is granted "in whole." If you cannot afford to pay any court fees and costs, check box 3a. Otherwise, check box 3b and indicate what fees and costs you are asking to have waived. If you are asking that the reporter's transcript fees be waived, check box (9) "Other" and write in "Reporter's transcript fees". [Please note: Number (7) "Reporter's Fees (valid for 60 days)" covers only that portion of the fees for taking the notes in the courtroom. This will not get you a waiver of the reporter's transcript fees.]

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/ PETITIONER:	CASE NUMBER:
DEFENDANT/ RESPONDENT:	
ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS	

1. The application was filed on (date): A previous order was issued on (date):

2. The application was filed by (name):

3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).

a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**

b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:

(1) ☐ Filing papers. (6) ☐ Sheriff and marshal fees.

(2) ☐ Certification and copying. (7) ☐ Reporter's fees* (valid for 60 days).

(3) ☐ Issuing process and certification. (8) ☐ Telephone appearance (Gov. Code, § 68070.1(c)).

(4) ☐ Transmittal of papers. (9) ☐ Other (specify code section):

(5) ☐ Court-appointed interpreter.

* Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.

c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:

(1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.

d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:

Date:	Time:	Dept.:	Div.:	Room:

e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**

4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rule 985):

a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).

b. ☐ Other (Complete line 4b on page 2).

c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.

d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.

5. ☐ IT IS ORDERED that a **hearing** be held.

a. The substantial evidentiary conflict to be resolved by the hearing is (specify):

b. The applicant should appear in this court at the following hearing to help resolve the conflict:

Date:	Time:	Dept.:	Div.:	Room:

c. The address of the court is (specify):

☐ Same as above

d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date: _____

Clerk, by _____, Deputy

JUDICIAL OFFICER

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (*specify reasons*):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at
 (place): _____, California,
 on (date): _____

Clerk, by _____, Deputy

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date:

Clerk, by _____, Deputy

(SEAL)